

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	212549052					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>AUGUSTA HOME BUILDERS ASSOCIATION, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CAROL J CAPORELLI</b>  <b>1159 UNION CHURCH ROAD</b>  <b>CHURCHVILLE, VA 24421</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>AUGUSTA COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>10/31/2012</b></p> <p>SCC ID NO: <b>02479293</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">           ADDRESS: PO BOX 36             CITY/ST/ZIP: WAYNESBORO, VA 22980         </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: CHRISTOPHER BREMENT            TITLE: VICE PRESIDENT            ADDRESS: 1835 ROSSER AVENUE                         STE 2            CITY/ST/ZIP/CO: WAYNESBORO, VA 22780         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: CHRISTOPHER BREMENT TITLE: VICE PRESIDENT ADDRESS: 1835 ROSSER AVENUE STE 2 CITY/ST/ZIP/CO: WAYNESBORO, VA 22780	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: THOMAS SHIELDS JR            TITLE: DIRECTOR            ADDRESS: 2014 GOOSE CREEK RD            CITY/ST/ZIP/CO: WAYNESBORO, VA 22980         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: THOMAS SHIELDS JR TITLE: DIRECTOR ADDRESS: 2014 GOOSE CREEK RD CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: THOMAS SHIELDS JR TITLE: DIRECTOR ADDRESS: 2014 GOOSE CREEK RD CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: ZACH STRAITS            TITLE: DIRECTOR            ADDRESS: PO BOX 879            CITY/ST/ZIP/CO: VERONA, VA 24482         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ZACH STRAITS TITLE: DIRECTOR ADDRESS: PO BOX 879 CITY/ST/ZIP/CO: VERONA, VA 24482	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: SHAWN SWEENEY            TITLE: DIRECTOR            ADDRESS: 413 NORTH COALTER ST            CITY/ST/ZIP/CO: STAUNTON, VA 24401         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: SHAWN SWEENEY TITLE: DIRECTOR ADDRESS: 413 NORTH COALTER ST CITY/ST/ZIP/CO: STAUNTON, VA 24401	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: HOUSTON JACK TODD            TITLE: DIRECTOR            ADDRESS: PO BOX 2725            CITY/ST/ZIP/CO: STAUNTON, VA 24402         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: HOUSTON JACK TODD TITLE: DIRECTOR ADDRESS: PO BOX 2725 CITY/ST/ZIP/CO: STAUNTON, VA 24402	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: Gregory St.            TITLE: PRESIDENT            ADDRESS: 100 South Mason Street            CITY/ST/ZIP/CO: Harrisonburg, VA 22801         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: Gregory St. TITLE: PRESIDENT ADDRESS: 100 South Mason Street CITY/ST/ZIP/CO: Harrisonburg, VA 22801	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	Thomas Jorgensen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 Lee Highway		
CITY/ST/ZIP/CO:	Verona, VA 24482		
NAME:	Bob Seaman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1254 Almo Chapel Road		
CITY/ST/ZIP/CO:	Spottswood, VA 24476		
NAME:	Michael Marrin	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. Box 2607		
CITY/ST/ZIP/CO:	Staunton, VA 24401		
NAME:	Carl Kerby	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	102 Pelham Drive		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980		
NAME:	Joel Frazier	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. Box 40		
CITY/ST/ZIP/CO:	Verona, VA 24482		
NAME:	Scott Hudson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	43 Langley Drive		
CITY/ST/ZIP/CO:	Waynesboro, VA 22980		
NAME:	Ray Burkholder	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1561 Commerce Road		
CITY/ST/ZIP/CO:	Verona, VA 24482		
NAME:	Johnnie Barr	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	260 Eakle Road		
CITY/ST/ZIP/CO:	Staunton, VA 24401		
NAME:	CHRISTOPHER Jones	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	410 Lee Jackson Highway		
CITY/ST/ZIP/CO:	Staunton, VA 24401		
NAME:	Rick Kane	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1738 Jefferson Highway		
CITY/ST/ZIP/CO:	Fishersville, VA 22939		
NAME:	Tim Coleman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 1198		
CITY/ST/ZIP/CO:	Fishersville, VA 22939		

NAME: Patricia Katz TITLE: DIRECTOR ADDRESS: P.O. Box 823 CITY/ST/ZIP/CO: Stuarts Draft, VA 24477	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Carol Caporelli TITLE: Exec. Officer ADDRESS: P.O. Box 36 CITY/ST/ZIP/CO: Waynesboro, VA 22980	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Carol Caporelli	Carol Caporelli, Exec. Officer	12/20/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		